

**Persons with
Developmental
Disabilities (PDD)
Program**

*Abuse Prevention and
Response Protocol (APRP)*

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Table of Contents

SECTION 1: INTRODUCTION	2
1.1 Introduction.....	2
1.2 Purpose	3
1.3 Objectives of Abuse Prevention and Response Protocol	3
1.4 Responsibilities of Key Stakeholders.....	3
SECTION 2: HOW IS ABUSE DEFINED?	4
2.1 The APRP’s Definition of Abuse	4
2.2 Categories of Abuse	4
SECTION 3: ABUSE PREVENTION	7
3.1 Introduction.....	7
3.2 Applying the Principles for Determining Individual Support Needs	7
3.3 Understanding Vulnerabilities.....	8
3.4 How to Reduce Vulnerabilities	9
3.5 Prevention Expectations of Key Stakeholders.....	10
SECTION 4: HOW TO REPORT ABUSE?	12
4.1 Obligation to Report.....	12
4.2 Reporting Abuse.....	12
4.3 Confidentiality and Privacy	13
SECTION 5: WHAT HAPPENS AFTER ABUSE IS REPORTED?	14
5.1 Understanding Reviews	14
5.2 Initiating a Review	15
5.3 Guidelines for Conducting Reviews	16
SECTION 6: FOLLOW-UP AFTER A REVIEW	17
6.1 Final Report and Follow-up.....	17
SECTION 7: RELATED LAWS	19
7.1 The <i>Criminal Code</i> (CC)	19
7.2 Protection for Persons in Care (PPC)	19
7.3 The <i>Adult Guardianship and Trusteeship Act</i> (AGTA)	20
7.4 Follow-up with other Jurisdictions.....	21
APPENDIX A	22
APPENDIX B	23
APPENDIX C	25
APPENDIX D	26
REFERENCES	28

SECTION 1: INTRODUCTION

1.1 Introduction

The Persons with Developmental Disabilities (PDD) program works to address the safety and security needs of adults with developmental disabilities receiving PDD funded supports that may be vulnerable to abuse and neglect.

The Abuse Prevention and Response Protocol (APRP) is a PDD policy framework that identifies proactive strategies for preventing abuse and procedures to follow when responding to allegations of abuse, including addressing the immediate safety and security needs of the individual. Adherence to the APRP is mandatory for all PDD funded stakeholders, including community service providers, Administrators of Family Managed Services (FMS), as well as services directly run and operated by PDD (Direct Operations).

The APRP is divided into the following sections:

- Section 1:** Provides an introduction to the Abuse Prevention and Response Protocol
- Section 2:** Describes abuse as defined by PDD
- Section 3:** Describes abuse prevention as a very important aspect of the protocol
- Section 4:** Describes general requirements of reporting abuse under the APRP for PDD stakeholders to understand as well as provides information about confidentiality and privacy
- Section 5:** Describes the process that occurs after a report of abuse is made to PDD
- Section 6:** Describes the follow-up responsibilities of PDD regional staff after the completion of an external investigation or a review of an abuse situation
- Section 7:** Provides an overview of related legislation governing the reporting of abuse. It also contains information on follow-up with other jurisdictions after an investigation of an allegation of abuse has taken place
- Appendix A:** Provides a summary of the process for reporting and responding to abuse allegations and for following-up on investigations or reviews
- Appendix B:** Is the standard form for an Abuse Prevention and Response Protocol Preliminary Report
- Appendix C:** Is the standard form for an Abuse Prevention and Response Protocol Interim Report
- Appendix D:** Is the standard form for an Abuse Prevention and Response Protocol Final Report

1.2 Purpose

Adherence to the APRP is mandatory for all parties who are paid to provide PDD funded supports. The expectations and processes to be followed are identified throughout this protocol with all funded parties falling under one of the broad categories as defined below:

- a) Service Provider organizations: this category includes community run agencies/proprietors that receive funds from PDD to provide support to individuals with developmental disabilities, as well as PDD direct operations.
- b) Family Managed Supports: Family Managed Services (FMS) involves a family member or someone that has a close relationship with the individual that takes on the role of FMS Administrator to manage the delivery of services including recruitment and supervision of staff.

1.3 Objectives of Abuse Prevention and Response Protocol

The main objectives of the Protocol are to:

- ensure accountability through a provincial approach to abuse response;
- ensure that all stakeholders are aware of their responsibilities in preventing abuse from occurring, and responding appropriately when there is incidence of abuse;
- promote a collaborative, community-based approach to addressing all aspects of abuse;
- ensure clear accountability measures are in place; and
- ensure the availability of training on abuse response for PDD staff, service provider organizations and families/others who hire privately.

1.4 Responsibilities of Key Stakeholders

Abuse prevention is an important part of abuse reporting and response processes. In addition to the responsibilities related to abuse reporting and response, PDD stakeholders are also expected to be proactive in the prevention of abuse. The Protocol ensures stakeholders are aware that abuse prevention is an important part of their commitments and contractual requirements in supporting individuals receiving PDD funded supports.

Accordingly, stakeholders are required to:

- ensure the individual is protected from abuse and is safe;
- take action when abuse is reported, to ensure immediate safety, security and wellbeing of the individual and any other person who may be at risk of being abused;
- take appropriate actions to prevent future occurrences of abuse;
- ensure Criminal Records Checks/Vulnerable Sector Checks are completed for employees and contract workers (as required under contract); and
- participate in training as made available by the PDD Program.

SECTION 2: HOW IS ABUSE DEFINED?

2.1 The APRP's Definition of Abuse

Under the APRP, abuse occurs when a staff person, contractor or agent, misuses their authority by acting in a way that causes harm or could potentially cause harm to an individual receiving PDD funded supports.

The following are some examples of abuse as defined in the APRP:

- abuse complaints of physical and emotional harm such as, if a staff employed by a community service provider organization or FMS Administrator allegedly hits an individual;
- sexual harassment (any conduct, comment, gesture or contact of a sexual nature likely to cause offence or humiliation to an individual);
- inappropriate use of Restrictive Procedure; or
- exploitation.

Some forms of abuse may be considered “criminal in nature” as they can be found in the Criminal Code. Other forms of abuse can be equally harmful and need to be taken just as seriously even though they are not violations of the *Criminal Code*.

It is important to note that people may use different words to describe abuse. Each situation is unique and, depending on the circumstances of each situation, the allegation may need to be reported to the police right away. The allegation does not need to be intentional or to have caused harm to be reported.

2.2 Categories of Abuse

For monitoring purposes, PDD identifies categories of abuse under the following headings:

Physical Abuse

Physical acts that include but are not limited to hitting, punching, kicking, biting, throwing, burning or violent shaking that causes, or could cause physical injury.

Possible indicators of physical abuse:

- unexplained or unusual injuries;
- defensiveness in regards to injuries;
- sudden fear of physical contact;
- sudden inability to sleep at night.

Sexual Abuse

Sexual act (touching of a person's sexual features without consent) and/or sexual harassment (any conduct, comment, gesture or contact of a sexual nature likely to cause offence or humiliation to an individual, including the misuse of technology such as posting inappropriate pictures of the individual on the internet (cyber sexual abuse). Due to the power imbalance related to the staff member's authority, it is unethical, and in certain cases illegal, for a staff member and an individual who receives support to engage in a sexual relationship.

Possible indicators of sexual abuse:

- pain or injury to genital areas;
- difficult time walking or sitting;
- sudden childlike actions; or
- sudden sexual acting out.

Negligence

Failure to provide or make available necessities that may include but are not limited to such things as food, clothing, shelter, hygiene, and medical care, protection from hazardous environments, and support or supervision appropriate to the person's age, development or situation.

Possible indicators of negligence:

- health concerns that are ignored or go untreated;
- loss of weight without a medical reason;
- always tired and falling asleep; or
- frequent falls, injuries and recurring minor accidents.

Emotional Abuse

The rejecting, ignoring, criticizing, insulting, threatening, harassing, degrading, humiliating, intimidating or terrorizing of a person. Acts or omissions that cause or are likely to cause conduct, cognitive, affective or other mental disorders, emotional stress or mental suffering.

Possible indicators of emotional abuse:

- sudden onset of speech disorders;
- anxiety, anger and behavioural changes;
- constant apologies; or

- nightmares or sleep disturbances.

Exploitation

Taking advantage of a person which includes but is not limited to taking money or possessions and persuasion to do things that are illegal or not in the individual's best interest.

Possible examples of exploitation:

- using someone's Treaty card to access benefits;
- borrowing money or possessions without permission;
- convincing someone to give away possessions; or
- convincing someone to do something they do not want to do.

Inappropriate Use of Restrictive Procedures

A restrictive procedure is an act that restricts the rights, freedoms, choices, mobility or self-determination of an individual. It can be a response to a situation or behaviour of concern that restrains an individual's normal range of movement or behaviour. It can also be limiting a person's access to events, relationships, or possessions that would normally be available to that individual.

There are times when restrictive procedures may need to be used in emergency situations for the health and safety of an individual. If this occurs more than once, a planned procedure should be developed to address the situation. All planned restrictive procedures need to have preventative components and need to be approved by a qualified person (e.g., psychologist with relevant training in behaviour management, or a person with at least two years of relevant training that includes behavioral supports and at least three years of practical experience in behavioral support planning). In addition the planned restrictive procedure needs to be approved by the individual and/or guardian before being implemented.

Possible examples of inappropriate use of restrictive procedures:

- withholding an individual's personal possessions;
- using medications outside of the approved planned approach;
- refusing access to mobility devices (e.g., wheel chair, walker, etc.); or
- refusing to allow the individual to partake in religious or spiritual activities of their choice.

SECTION 3: ABUSE PREVENTION

3.1 Introduction

Literature in the field of supporting people with developmental disabilities identifies that as people become more included in ordinary community life, their risk of being abused decreases. When paid supports are involved, it is important they focus on facilitating inclusion as the pathway to a quality life with meaningful relationships, personal control, choice and full citizenship.

While well intentioned, the historical way of providing paid supports increased the risk factors by creating more social isolation from the community at large for individuals with developmental disabilities. The inaccurate perception of individuals with developmental disabilities needing others to make decisions on their behalf because of their requirement of supports has resulted in dependence, which diminishes the individual's power and makes the person more vulnerable to abuse.

People with disabilities are often viewed through the lens of deficits and needs, rather than for their gifts and contributions. This results in people being judged as different, less valued and needy. The literature supports that these negatively laden assumptions result in an increased risk of being abused. In the majority of cases, individuals are abused by people they know and the most common location is where they live.

3.2 Applying the Principles for Determining Individual Support Needs

PDD's Principles for Determining Individual Support Needs drive how supports will be provided to promote inclusion, based on the person's hopes, dreams and wishes. When staff become involved in a person's life, they are expected to adhere to the supplementary principles, which serve as a guide to how supports are provided. The principles are to be viewed collectively as a way to promote meaningful involvement in community life. As already noted, building and strengthening meaningful connections for individuals in their communities is essential to decreasing the likelihood of abuse. The principles are presented below.

Principles for Determining Individual Support Needs

Foundation Principle

Individuals, with the assistance of their families and friends, are the primary source for identifying what is best for themselves and what kinds of support they require.

Supplementary Principles

Recognizing that many adults with developmental disabilities require the assistance of paid supports to live, work and participate in the community. Supplementary principles have been identified to guide supports funded by PDD.

- 👍 Supports assist individuals to be fully included and live meaningful lives in the community.
- 👍 Supports are adequate, flexible and individualized, while being responsive to personal and family changes, as well as community dynamics.
- 👍 Supports assist individuals to maintain and build their connections and relationships with family, friends and other community members and should not define all aspects of the person's life.
- 👍 Supports recognize the potential of individuals and provide them with opportunities for continuing growth, personal development and life-long learning.
- 👍 Supports respond to the direction determined by individuals, their families and guardians, being careful to follow their lead, rather than taking control.

3.3 Understanding Vulnerabilities

People who have developmental disabilities are especially susceptible to abuse for many different reasons. The following are areas of vulnerability and some key considerations when implementing action plans focused on inclusion and reducing risks of abuse.

Authority and Power Imbalances

When abuse occurs, there is always a power imbalance present, with one person being in a position of authority over the other. This power imbalance is often evident in the life of individuals who receive paid supports in the sense that they are the receivers and the other people are the givers. Individuals who receive supports must be assisted to move from a receiver role to an empowered role of contribution, with the paid staff moving from a protective role to a facilitative role.

Negative Attitudes

Abuse occurs when people act on negative feelings and treat individuals as if they are not valued members of society. When individuals with developmental disabilities are recognized as valued members of society who contribute within a network of community supports, the probability of mistreatment is reduced.

Learning to be Compliant

Historically, individuals with developmental disabilities have had less opportunity and experience with making choices. Sometimes individuals are not taught to make choices and are expected to defer to the opinions of others who may believe they know best. This becomes learned compliance, which makes individuals more vulnerable. This is further complicated by the tendency of people with developmental disabilities to want to please, especially when interacting with people in positions of authority.

Isolation and Protection

Sometimes individuals with developmental disabilities are isolated from the community and paid staff play a major role in their support network. As a result, individuals may have no source of outside assistance, support or advocacy to protect them from abuse and/or support them if they are victimized. It is crucial to provide opportunities to individuals that will expand their relationships and promote community inclusion.

3.4 How to Reduce Vulnerabilities

The literature suggests the best way to prevent abuse is to meaningfully include individuals with developmental disabilities in regular community life, as neighbors, co-workers, volunteers and friends. This requires a shift in thinking, away from a client perspective and towards a citizen perspective by:

- seeing people from a positive perspective of capacities and gifts, not deficits and needs;
- striving for a quality life, which is defined by the person based on interests, dreams and desires;
- being involved in the community where people can get to know the person;
- supporting the individual to lead, with the support of families and paid staff playing a support role to the extent necessary; and
- assisting individuals with developmental disabilities to understand their right to be treated with dignity and respect, knowing how to recognize abuse and what action to take.

3.5 Prevention Expectations of Key Stakeholders

The following specifies the expectations of key stakeholders related to abuse prevention:

PDD Program and Regional Office

- Ensure training materials are available for staff use.
- Serve as a resource in the area of education on abuse prevention.
- Keep current on the literature and promising practices regarding prevention of abuse.
- Encourage service provider organizations, FMS Administrator and Direct Operations staff to discuss abuse prevention, share learnings and identify challenges.
- Ensure service provider organizations, FMS Administrators and Direct Operations staff understand the expectation to educate their staff and encourage dialogue in the area of abuse prevention.
- Ensure service provider organizations have a mechanism in place to provide individuals and families with information and an orientation regarding the issues of abuse prevention and response.
- Hold service provider organizations, FMS Administrators and Direct Operations staff accountable for using PDD funds towards the promotion of inclusion for the individual(s) being supported.

Service Provider Organizations

- Have a clear understanding of the prevention component of the Protocol.
- Conduct criminal record checks.
- Ensure staff are trained and have the skill/capacity to do the job.
- Ensure all staff are trained on the Abuse Prevention and Response Protocol.
- Provide opportunities for staff members to discuss prevention, share learnings and identify challenges.
- Monitor how well staff practices promote the strengthening of natural connections within the community.
- Have a mechanism in place to ensure that individuals and families receive information and orientation regarding the issues of abuse prevention and abuse.
- Assist individuals in understanding what abuse is and what their rights are.
- Support your staff in reducing stress level by creating a conducive and healthy work environment.
- Be aware that burnout, frustration and stress of your employees can lead to abusive behaviours.
- Pay attention to your staff needs, workload, caregiver challenges and personal issues that may affect their behaviours.
- Act as a resource to the community at large.

FMS Administrators

- Have a clear understanding of the prevention component of the Protocol.
- Consider the importance of criminal record checks for potential employees.
- Ensure all staff are trained on the Abuse Prevention and Response Protocol.
- Provide opportunities for staff to discuss abuse prevention, share learnings and identify challenges.
- Monitor how well staff members' practices promote the strengthening of natural connections within the community.
- Ensure the individuals being supported are aware of their rights and the outcome of supports intended to assist them to achieve a quality life in the community.
- Ensure staff are trained and have skill/capacity to complete the job.
- Assist the individual in understanding what abuse is and what their rights are.
- Support staff in reducing stress levels by creating a healthy work environment.

Direct Operations Staff and Staff Hired to Provide Supports

- Participate in mandatory abuse prevention training.
- Use positive practices in supporting individuals.
- Promote natural connections to the community.
- Take a continuous improvement approach to enhancing awareness and developing skills related to abuse prevention and integrate them into daily work.
- Take advantage of formal and informal opportunities to discuss abuse prevention, share learnings and identify challenges.
- Promote self-care by maintaining emotional and psychological well-being.
- Avoid displacement of anger while working.
- Avoid being frustrated by asking questions and seeking clarification for unclear situations.

SECTION 4: HOW TO REPORT ABUSE?

4.1 Obligation to Report

It is a requirement of PDD funding that staff be made aware that it is mandatory to report any incident of suspected abuse immediately to their Executive Director or designate, the FMS Administrator or to PDD. If an individual is uncertain about whether or not to report under the Protocol, err on the side of safety by reporting the matter.

In all circumstances, PDD Region must be notified of a reported incident.

PDD stakeholders must follow the reporting processes for allegations of abuse under the *Criminal Code (CC)*, *Protection for Persons in Care Act (PPCA)*, *Adult Guardianship and Trusteeship Act (AGTA)*.

When Albertans believe abuse has occurred, they are required to contact a Protection for Persons in Care Complaints Officer through the Safeguards for Vulnerable Adults Reporting Line at 1-888-357-9339 and press option #1.

When any person reports a concern, the service provider or FMS Administrator shall take no action against the person for reporting, unless it is proven that the report was made maliciously. The PDD program supports and promotes the rights of confidentiality of the reporter. The name of the reporter is not disclosed unless required by law.

4.2 Reporting Abuse

Under the Abuse Prevention and Response Protocol, the following guidelines must be adhered to:

1. ensure the safety of the individual and immediately contact the family/guardian of the individual; and
2. complete the Preliminary Report form (see Appendix B) and sends it to PDD within one working day of becoming aware of the incident.

In addition to reporting under the Protocol, stakeholders must also comply with other legislated reporting requirements including the *Protection in Persons in Care Act* (PPCA), the *Criminal Code* (CC) and the *Adult Guardianship and Trusteeship Act* (AGTA). When abuse is believed to have occurred, it must be reported by calling the “Safeguards for Vulnerable Adults Reporting Line” 1-888-357-9339. This is a phone tree that provides the caller with 4 options:

- Press #1: Protection for Persons in Care.
- Press #2: Office of the Public Guardian and Trustee.
- Press #3: Accommodations Standards and Licensing.
- Press #4: to be put in contact with someone.

When someone is uncertain whether or not the PPCA applies, they are encouraged to call the reporting line as soon as possible. The PPC Intake person will review the situation and if the reported incident does not fall under PPC, the reporter may be referred to a committee, body or person authorized under another enactment such as the police or the *Adult Guardianship and Trusteeship Act*.

4.3 Confidentiality and Privacy

While the individual's privacy rights and confidentiality should be respected to the greatest extent possible, there are circumstances, particularly in situations of suspected abuse, in which individuals' personal information can and should be disclosed to third parties (e.g., parties other than PDD regional staff or PDD funded service provider agencies/Family Managed Agreements). The [*Freedom of Information and Protection of Privacy Act \(FOIP Act\)*](#) is the Act which governs the collection, use and disclosure of personal information by public bodies (such as PDD and PDD funded service provider agencies).

Section 40 of the FOIP Act is also the section which governs disclosure by public bodies and any disclosure of client personal information must be done in accordance with this section. If section 40 does not appear to provide authority for the disclosure being contemplated, neither the PDD regional staff nor the service providers can disclose. When in doubt about whether disclosure is permitted, contact the Human Services FOIP office at 780-427-2805 for further assistance.

Generally, if the disclosure is done with the individual's best interests in mind and strictly for the purpose of reporting suspected abuse to the appropriate external body or to PDD regional staff; it will be permitted by the FOIP Act. Section 40(4) of the FOIP Act states that a public body may disclose personal information only to the extent necessary to enable it to carry out the purposes described in section 40. Thus, discretion should guide how much information ought to be disclosed and whether disclosure is necessary at all.

SECTION 5: WHAT HAPPENS AFTER ABUSE IS REPORTED?

A review is required in response to all allegations of abuse reported under the Protocol. The review will identify whether abuse occurred and what actions will be taken to prevent the reoccurrence of abuse or potentially abusive situations.

Following the receipt of a preliminary report from a FMS Administrator, PDD staff will contact the FMS Administrator to identify if additional supports are required in order to respond to the allegation. PDD staff will work with the FMS Administrator to access necessary resources, including PDD assisting with the completion of the internal review.

5.1 Understanding Reviews

There are two types of reviews – internal and external.

Internal Reviews (Service Provider, FMS Administrators or PDD Direct Operations)

Internal reviews are initiated by a service provider, FMS Administrator or PDD Direct Operations and are conducted in one of three ways:

- independently by the service provider organization, FMS Administrator or PDD Direct Operations;
- with the assistance of PDD (as requested); or
- through an agreement with a third party, at the request and responsibility of the service provider, or PDD Direct Operations.

External Reviews (PDD Initiated)

External reviews are initiated and conducted by PDD. Service provider organizations and FMS Administrators are expected to co-operate with external reviews led by PDD.

The PDD Regional Director will decide if an external review is required taking the following into consideration:

- If personal relationships are considered a factor that may impact the ability to conduct the review in an objective manner.
- The Executive Director of the service provider organization or FMS Administrator is implicated.
- The incident may have occurred due to systemic problems within the organization.
- The incident is of a highly sensitive nature.
- There was an unsatisfactory process or questionable outcomes of the internal review (in the case of service provider organization).
- The nature of the allegation is complex or multiple allegations are made.
- Repeated or multiple incidents of abuse have occurred.
- There is sufficient information to believe the allegation may have been made maliciously.

5.2 Initiating a Review

Once the preliminary report has been submitted to PDD, an internal review must be conducted.

The purpose of the review is:

- to ensure the ongoing safety of an individual;
- to determine whether or not the alleged abuse occurred;
- to determine if current policies and operational practices are effective and followed; and
- to address shortcomings that are identified.

When other jurisdictions also have responsibility for responding to allegations of abuse, such as the police, an internal review must still be conducted under the Protocol, while not obstructing or duplicating the role of the formal police investigation. The internal review conducted by the service provider agencies, FMS Administrator or PDD direct operations should not obstruct, or compromise police investigations.

After the internal review is completed, a final report (Appendix D) must be submitted to PDD within 30 days of the allegation being reported. However, where the final report cannot be produced within 30 days, an interim report (Appendix C) should be submitted every 30 days until a final report is completed. When an interim report is received, PDD regional staff will consider the circumstances reported as to the reason for not being able to complete the review and will confirm the continued safety and security of the individual.

PDD Regional Staff Role

PDD regional staff will receive and review the preliminary report from the service provider/FMS Administrator.

After reviewing the preliminary report, PDD regional staff will:

- contact the service provider, the PDD Direct Operations, or FMS Administrator to discuss the action taken to ensure individual's safety and discuss the steps already taken in the situation;
- contact the individual/guardian and/or family within 24 hours to ensure the individual is safe (this should occur after the service provider's/FMS Administrator initial contact/review so as to avoid any role confusion or additional trauma for the individual); and
- if required, work with the service provider, PDD Direct Operations or FMS Administrator to determine a course of action or next steps.

5.3 Guidelines for Conducting Reviews

When conducting APRP reviews (internal and external), stakeholders must comply with all federal and provincial laws, including privacy laws in respect of any activity undertaken in the course of their review. The following guidelines are intended to assist in conducting reviews:

- Develop a plan for how to conduct the review that outlines all steps to be followed (including where to go, with whom to speak, reviewing of documentation and other information, etc.).
- The reviewer should notify the following persons that he/she is conducting a review:
 - the reporter;
 - the individual who is alleged to have been abused, if appropriate in the circumstances;
 - the individual involved or the individual's legal representative, if applicable;
 - the service provider; or
 - any other person the reviewer considers appropriate.
- Obtain guardian consent or ask the individual if they wish to contact their co-decision-maker or supporter before interviewing the individual unless there are extenuating circumstances. For example, the guardian, co-decision-maker, or supporter are unavailable and there is no appointed alternate.
- Interview relevant people who can provide information about what happened, including what led up to the incident.
- When interviewing, be sensitive to how this is conducted, especially related to interviewing individuals with developmental disabilities.
- Keep a detailed written record of all interviews conducted on file.
- Before entering a private dwelling or part of the premises, a reviewer must obtain the consent of the occupant or the legal representative of the occupant of the private dwelling.
- Obtain physical information pertinent to the allegation. This could include such things as documentation, records, articles of clothing, faulty equipment, etc.
- Consider the relevance of secondary documentation. This may include files, policies and procedures, training procedures and orientation practices.
- If any items, documentation or records are removed from a private dwelling or provided to the reviewer by the individual, the reviewer should make a detailed record of what was taken and locate a secure place where such items may be stored until such time as the review is completed and the matter is closed.
- If at any time allegations are found to be potentially criminal in context contact the police immediately. Service providers or FMS Administrator must still ensure the safety of individuals and manage employee relations issues even in the event of a criminal investigation.

SECTION 6: FOLLOW-UP AFTER A REVIEW

6.1 Final Report and Follow-up

After an internal or external review is completed, a final report with recommendations and an action plan that addresses issues identified in the review and prevention strategies will be submitted to PDD. The report will minimally include:

- the allegation as it was submitted;
- an identification of the type of the allegation (e.g., exploitation);
- a description of the review process and the information gathered;
- an indication as to whether the allegation was founded, inconclusive or unfounded;
- follow up or action plan for support those impacted by the allegation; and
- recommendations based on the findings of the review - this may include a plan for contacting the professional association of the individual involved (alleged abuser), if appropriate, and/or retraining staff, etc.

PDD regional staff will review the final report and will call/meet with the individual/guardian, FMS Administrator, service provider/PDD Direct Operations staff to discuss the report and any actions that will be undertaken to address concerns. If required, PDD regional staff will assist the individual/guardian and family in identifying any available supports within the community (e.g., help lines, health professionals, counselors, etc.).

Following submission of the final report, PDD regional staff will:

- review the final report to ensure it includes a summary of the review process, findings of the review, recommendations and an action plan for addressing identified issues and prevention strategies to be undertaken by the service provider, PDD Direct Operations, or FMS Administrators.
- in service provider/PDD Direct Operations situations:
 - call/meet with the individual/guardian and/or family to discuss the final report of the review;
 - call/meet with the service provider or PDD Direct Operations staff to discuss the final report of the review;
 - whenever reasonable, inform the complainant and individual involved of the outcome of the review; and
 - monitor the implementation of the action plan.
- In Family Managed Service situations:
 - call/meet with the individual/guardian, and or FMS Administrator to discuss the final report of the review;
 - whenever reasonable, inform the complainant and individual involved of the outcome of the review;
 - assist the FMS Administrator with following the recommendations and implementing the action plan; and

- monitor the implementation of the action plan.

If a final report is not submitted to the PDD Regional Director within 30 days, PDD regional staff will follow up to determine the status of the review and report.

SECTION 7: RELATED LAWS

At times, other jurisdictions also have legislated responsibility for responding to allegations of abuse. For example, some allegations fall under the *Protection for Persons in Care Act* (PPC Act) or the police, which have legislated responsibilities related to conducting investigations. When this occurs, an internal review is still required under the Protocol, while being careful not to obstruct or duplicate the Protection for Persons in Care (PPC) or police investigation.

7.1 The *Criminal Code* (CC)

The [Criminal Code](#) is an Act that outlines criminal offences in Canada. Some of the *Criminal Code* offences include:

- sexual offences (sexual assault, exploitation, touching, etc.);
- violent offences (intimidation, assault with a weapon, harassment, beating, biting, uttering threats against someone, hostage taking, etc.); or
- property Offences (such as theft, obtaining property by false pretenses, forgery, identity theft, etc.).

If a person's safety or well-being is in immediate danger, or if the abuse is criminal in nature, call the local police service immediately.

7.2 Protection for Persons in Care (PPC)

The [Protection for Persons in Care Act \(PPCA\)](#) is an important law that promotes the prevention and reporting of the abuse of adult clients receiving care or support services from publicly funded service providers. This includes PDD funded settings operated by service provider agencies that have been approved by the PDD program.

The PPCA requires that every individual who has reasonable grounds to believe there is or has been abuse involving a client to report that abuse as soon as possible. A complainant must give their name, address and telephone number when reporting abuse.

An individual can report abuse to PPC as follows:

1. call the Safeguards for Vulnerable Adults Reporting Line at 1-888-357-9339 (Press #1) ([link to http://www.programs.alberta.ca/Living/13765.aspx?Ns=13705&N=770](http://www.programs.alberta.ca/Living/13765.aspx?Ns=13705&N=770)) Monday to Friday from 8:15 a.m. to 4:30 p.m. It is not a crisis line; or
2. Mail or fax a letter or an abuse report form (link to (<http://www.health.alberta.ca/documents/PPC-Form-AbuseReport-fill.pdf>) to:

Protection for Persons in Care
Box 476, Station M
Edmonton, AB T5J 2K1
Fax: 780-415-8611

7.3 The Adult Guardianship and Trusteeship Act (AGTA)

The [Adult Guardianship and Trusteeship Act \(AGTA\)](#) addresses the current needs of Albertans by providing options and safeguards to protect vulnerable adults who may want assistance or are no longer able to make all of their own decisions. It provides a range of decision-making options from less intrusive options, such as supported decision-making or co-decision-making and specific decision-making, to full guardianship and/or trusteeship.

The AGTA Office of the Public Guardian and Trustee (OPGT) will receive and investigate complaints that a guardian/trustee may not be complying with the terms of a guardianship or trusteeship order or fulfilling their duties and the failure is likely to cause harm to the adult they represent.

If the allegation involves a court appointed guardian, co-decision-maker or trustee, a written complaint will be made to the Complaints Officer with the OPGT. The OPGT has the authority to investigate complaints involving a court appointed guardian, co-decision-maker or trustee.

Investigations are done by the OPGT when there is reason to believe that a guardian/trustee may not be complying with the terms of a guardianship or trusteeship order or fulfilling their duties and that the failure is likely to cause harm to the adult they represent.

Any interested person may make a complaint to the Complaints Officer if that person has reason to believe that:

- a co-decision-maker, guardian or trustee has failed (or is failing) to follow the Court order; or
- a co-decision-maker, guardian or trustee has failed (or is failing) to comply with their duties; and
- this failure is likely to cause harm to the assisted or represented adult – physically, mentally or financially.

Complaints must be made in writing, signed and submitted to the Complaints Officer with the OPGT.

Complaint forms are available by calling the Office of the Public Guardian and Trustee office at 1-877-427-4525 or see the [complaint form](#) .

Complaints about trusteeship are also submitted to the Complaints Officer with OPGT or by calling the Safeguards for Vulnerable Adults Reporting line at 1-888-357-9339.

7.4 Follow-up with other Jurisdictions

Follow-up after a police investigation

PDD regional staff will follow-up with the service provider or FMS Administrator with regard to the outcome of a police investigation. PDD regional staff will also follow-up with the individual or their guardian if there is a need to do so.

Follow-up after a Protection for Persons in Care investigation

After the service provider receives a copy of the PPC Director's decision, the service provider must respond to the Director of PPC within a set timeline and show compliance with the decision. Prosecution may be considered in situations of uncorrected or continued non-compliance.

The PDD Regional Director will also receive a copy of the PPC Director's decision. PDD regional staff will follow-up with the service provider to ensure that the direction specified by the PPC Director is implemented. In addition, PDD regional staff will be required to follow-up in efforts to prevent similar occurrence in the future.

Follow-up after an Office of the Public Guardian and Trustee investigation

PDD regional staff will follow up as needed based on recommendations made by the OPGT after completing their investigation.

APPENDIX A

HOW TO REPORT ABUSE ALLEGATIONS

- Report all allegations **to PDD** by submitting the *preliminary report*.
- Report to **police** if:
 - allegation is a *Criminal Code* (CC) offence; or
 - client is in immediate danger.
- Report to **Protection for Persons in Care (PPC)** by calling 1-888-357-9339 if:
 - there is reasonable grounds to believe abuse has occurred; or
 - it is unclear where to report the allegation.
- Report to the **Office of the Public Guardian and Trustee (OPGT)** by calling 1-888-357-9339 if:
 - under the Adult Guardianship and Trusteeship Act (AGTA), the failure of a co-decision-maker, trustee, or guardian to comply with a Court order or meet their duties results in physical, mental harm or financial loss of the represented adult.

WHAT HAPPENS AFTER ABUSE IS REPORTED

- PDD-funded service providers and PDD Direct Operations
 - will review all allegations of abuse;
 - will complete *final report* and submit to PDD within 30 days; and
 - if the final report cannot be produced within 30 days, an interim report should be submitted every 30 days until a final report is completed.

HOW TO FOLLOW- UP AFTER AN INVESTIGATION OR REVIEW

- **PDD regional staff** will:
 - follow up with the individual and other relevant persons regarding the progress and outcome of external investigation(s);
 - work with service providers to implement recommendations from PPC Director;
 - follow up with a service provider regarding the status of a report if not submitted within 30 days; and
 - after a review, work with service providers, PDD Direct Operations staff, and FMS Administrators to implement an action plan and to prevent similar occurrences.

APPENDIX B

Abuse Prevention and Response Protocol PRELIMINARY REPORT (Internal Document)

For all abuse allegations, the following information must be provided to PDD within one working day of becoming aware of the allegation. One form for each alleged victim.

Agency/FMS Administrator/PDD

Direct Operations Name: _____

Contact information of

Agency/FMS Administrator: _____

Date allegation was reported: _____

Name of witness and role:

Staff, family, friend, if available _____

Name of individual (alleged victim): _____

**Contact Information of individual
(alleged victim):** _____

Name of guardian: _____

Contact Information of guardian: _____

Type of allegation: Indicate only one, identifying the *primary* nature of allegation:

- Physical abuse Sexual abuse Negligence Emotional abuse
 Financial/Exploitation Inappropriate use of restrictive procedures - specify:

Circumstances reported: Including whether or not the guardian has been informed of the allegation and if so, on what date.

Action taken to ensure safety and security of the PDD funded individual(s):

PDD regional staff involvement requested in the review:

Yes

No

Describe involvement

Involvement of legislated authorities:

Police:

Yes

N/A

Protection for Persons in Care

Yes

N/A

Office of the Public Guardian & Trustee

Yes

N/A

Area reporting:

Service provider agency

PDD Direct Operations staff

FMS Administrator

PDD regional staff

Signature (Executive Director, FMS Administrator, PDD staff)

Date

APPENDIX C

Abuse Prevention and Response Protocol INTERIM REPORT (Internal Document)

*(If the **final report** has not been submitted within 30 days after the **initial report**, this **interim report** must be completed and every 30 days thereafter until the **final report** is submitted)*

DATE OF INCIDENT:	
NAME OF INDIVIDUAL (Alleged Victim):	NAME OF INDIVIDUAL INVOLVED (ALLEGED ABUSER(S)):
TYPE OF ALLEGATION: (e.g. physical, exploitation, etc.)	
WHAT HAS BEEN DONE IN THE REVIEW PROCESS TO DATE:	
REASON FOR DELAY (explanation as to why the review is not completed):	
CORRECTIVE OR PROACTIVE MEASURES ALREADY TAKEN:	
ESTIMATED DATE OF COMPLETED REVIEW:	ESTIMATED DATE OF FINAL REPORT SUBMISSION:

Reviewer's Name: _____

Reviewer's Signature: _____ **Date:** _____

APPENDIX D

Abuse Prevention and Response Protocol FINAL REPORT (Internal Document)

After the allegation of abuse has been reported, a review must be completed. The following information must be provided to PDD within 30 days or an interim report must be submitted every 30 days until a final report can be provided after the allegation has been reported.

**Service Provider/FMS
Administrator/PDD Direct
Operations Name:**

Date allegation was reported:

Name of individual (alleged victim):

Name of guardian:

Name of individual involved*:

**Contact information of individual
involved:**

Type of allegation: Indicate only one, identifying the *primary* nature of allegation:

- Physical abuse Sexual abuse Negligence Emotional abuse
 Financial/Exploitation Inappropriate use of restrictive procedures -specify:

Circumstances reported: Including when the guardian was informed of the allegation.

Description of the review process and information gathered

*person who allegedly abused a client/individual or who allegedly failed to prevent abuse of an individual

Allegation Finding: Founded Unfounded Inconclusive

Recommendations based on the findings of the investigation *(This may include a plan for contacting relevant professional associations, staff training, changes to policies and processes, etc.)*

Description of any corrective or proactive measures already taken

Follow-up measures/action plan *(What will be undertaken to support the individual and others impacted by the allegation, as well as what to do to prevent similar occurrences)*

Signature (Executive Director or designate, FMS Administrator, PDD staff)

Date

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